

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 (FOR USE WITH FORM PTO-876)

SERIAL NO. 10/049717 FILING DATE _____
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	/		/		/		51								
2		/		/		/	52								
3		/		/		/	53								
4		3		3		/	54								
5		0		0		/	55								
6		0		0		/	56								
7		0		0		/	57								
8		0		0		/	58								
9		0		0		/	59								
10		0		0		/	60								
11		0		0		/	61								
12		0		0		/	62								
13	/		/		/		63								
14		1		1		/	64								
15		2		2		/	65								
16		0		0		/	66								
17		0		0		/	67								
18		0		0		/	68								
19		0		0		/	69								
20			/			/	70								
21							71								
22							72								
23							73								
24							74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2		3		2		TOTAL IND.								
TOTAL DEP.	31		21		18		TOTAL DEP.								
TOTAL CLAIMS	33		24		20		TOTAL CLAIMS								